

KINDER HEARTS HOME HEALTH, LLC

APPLICATION FOR EMPLOYMENT

Mailing Address: 842 N. Mockingbird Ln. Abilene, TX 79603 www.kinderhearts.com	Kinder Hearts Home Health, LLC is an Affirmative Action Employer. All qualified applicants receive consideration for open positions without regard to race, color, religion, sex, age, national origin, disability, sexual orientation, gender identity, or veteran status.
	Every offer of employment is contingent on the results of mandatory drug testing, if a new employee declines to submit to the mandatory drug test within the prescribed time frame or fails the mandatory drug test, Kinder Hearts Home Health, LLC will withdraw the offer of employment.

Print in blue or black ink. Answer each question completely and accurately. FALSE answers may lead to dismissal.

PERSONAL INFORMATION		Date _____
Name _____	Social Security # _____	
Last	First	Middle
Have you worked, attended school, or obtained credit under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, what? _____		
Present Address		
_____	_____	_____
Number	Street	City State Zip
Home Phone _____	Other Phone _____	
Area Code	Area Code	

GENERAL INFORMATION	
Are you currently authorized to work in the United States on a full-time basis for any employer of your choice? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of identity and authorization to work will be required upon employment.)	
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No _____	
Number	State
Title of position(s) for which you are applying _____	
Would you be able to work any shift? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If not, check which you would work <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights	
Have you ever been employed by Kinder Hearts Home Health, LLC? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, position(s) held _____ Supervisor _____	
Reason for leaving _____	
Have you ever applied for employment with Kinder Hearts Home Health, LLC? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, when? _____	
Have you ever worked as a volunteer for Kinder Hearts Home Health, LLC? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, when? _____	
Do you have any friends and/or relatives employed by Kinder Hearts Home Health, LLC? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, list names: _____	

ADDITIONAL INFORMATION
Please list all computer skills and software applications that you are fluent:

ADDITIONAL INFORMATION

How were you referred to Kinder Hearts Home Health, LLC Services?

- Employee referral Job Fair Temporary Agency Internship/Practicum
 Internet Advertisement Open House Other

EDUCATIONAL INFORMATION: If you are applying for a clinical position and are offered employment with Kinder Hearts Home Health, LLC, you will be expected to provide an official transcript supporting your highest level of education prior to your start of employment. Please complete the information below for your two highest levels of educational achievement.

School	Circle Last Year Completed	School Name/ Location	Month/Year Attended To From	Month/Year Graduated	Diploma/Degree	Major or Course of Study
Middle/Jr. High	6 7 8					
High School	9 10 11 12					
Business College or Vocational School	1 2 3 4					
College	1 2 3 4					
Graduate	1 2 3 4					
Graduate	1 2 3 4					
Graduate	1 2 3 4					

MILITARY EXPERIENCE

Entry Date _____ Separation Date _____

Branch of service _____

Rank at Separation _____

Duties, including special training: _____

PROFESSIONAL LICENSE OR CERTIFICATION

Do you possess any kind of professional license, certificate, or registration (not including a driver's license)? Yes No

If you do, complete the following information:

Type of License/ Certification	State	License #	Expiration

If you are not licensed in Texas, have you applied for a Texas license? Yes No

Has your license in any state ever been denied, limited, suspended, sanctioned, revoked, voluntarily relinquished, or not renewed? Yes No If yes, please explain _____

Are there any actions that have been initiated or are pending against you by any state licensing board? Yes No

Employment Experience

Begin with your most recent job and describe in detail each specific job. Periods of unemployment should also be noted, be sure to list all applicable experience which qualifies you for the position(s) sought. EVEN IF A RESUME IS ATTACHED, COMPLETE ALL INFORMATION.

Name of Employer _____ Street Address _____ City/State/Zip _____ Phone _____ Name/Title of Immediate Supervisor _____ Starting Salary \$ _____ Last Salary \$ _____ Reason for Leaving _____ Describe Your Duties: _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, when? _____	Type of Business _____ Job Title _____ EMPLOYED FROM: ___/___/___ TO: ___/___/___ Hours Worked Per Week _____ I served as Supervisor: FROM: ___/___/___ TO: ___/___/___ Number of Employees Supervised _____
Name of Employer _____ Street Address _____ City/State/Zip _____ Phone _____ Name/Title of Immediate Supervisor _____ Starting Salary \$ _____ Last Salary \$ _____ Reason for Leaving _____ Describe Your Duties: _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, when? _____	Type of Business _____ Job Title _____ EMPLOYED FROM: ___/___/___ TO: ___/___/___ Hours Worked Per Week _____ I served as Supervisor: FROM: ___/___/___ TO: ___/___/___ Number of Employees Supervised _____
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PROFESSIONAL REFERENCES			
#	Name/Business/Address	Relationship	Phone
1			Home
			Business
2			Home
			Business
3			Home
			Business
4			Home
			Business

BACKGROUND CHECK: Kinder Hearts Home Health, LLC, conducts criminal records checks as a standard pre-employment screen.

FOR THIS TYPE OF EMPLOYMENT, STATE LAW REQUIRED A CRIMINAL BACKGROUND CHECK AS A CONDITION OF EMPLOYMENT.

Have you ever been convicted of or pleaded guilty to a felony or misdemeanor? Yes No

If yes, please explain: _____

Have you committed any traffic violations for which you paid a fine or other penalty? Yes No

If yes, please explain: _____

Are you presently under charges for violation of any law? Yes No

If yes, please explain: _____

RELEASES: I have applied to Kinder Hearts Home Health, LLC, for employment. I authorize any person, organization, or entity you disclose and provide to you all academic, arrest and conviction, drug testing, and employment records and information that relate to me.

I release Kinder Hearts Home Health, LLC, its employees, and any person, organization, or entity providing information to Kinder Hearts Home Health, LLC, from any liability, claims, charges, costs, or causes of action which I may have as a result of the delivery, disclosure or non-disclosure, or omission of any information or records requested by Kinder Hearts Home Health, LLC pursuant to this authorization.

I certify, under penalty of law, that the information given in this application is correct and complete to the best of my knowledge. I am aware that, should investigation at any time show any falsification. I will not be considered for employment, or, if employed, I will be dismissed and/or disqualified from future consideration for employment. I authorize Kinder Hearts Home Health LLC to make any necessary investigations and further authorize and request each former employer, person given as reference, or organization (including law enforcement agencies) to provide all information that may be sought in connection with this application or concerning me, my work, habits, character or action in any transaction. I understand that employees of Kinder Hearts Home Health, LLC are terminable at will.

Date _____ Signature _____

THANK YOUR FOR SUBMITTING AN APPLICATION FOR EMPLOYMENT TO
KINDER HEARTS HOME HEALTH, LLC

STATEMENT OF EMPLOYMENT

By execution of this document, I _____, hereby acknowledge that I have been informed by Kinder Hearts Home Health, LLC that a criminal history check will be performed on my name. I have informed this agency of all names (i.e. maiden name, aliases) that I have used in the past. I understand that I have been employed on an emergency basis and that my employment is temporary or interim pending the results of the criminal history check.

I hereby profess that I have not been convicted of any of the following crimes which are a permanent automatic bar to employment by this agency:

- ◆ Any offense under Chapter 19, Texas Penal Code (homicide). Includes murder, capital murder, manslaughter, and criminally negligent homicide;
- ◆ Any offense under Chapter 20, Texas Penal Code. Includes kidnapping, aggravated kidnapping, and false imprisonment;
- ◆ Any offense under Section 21.02, Texas Penal Code (continuous sexual abuse of a young child or children);
- ◆ Any offense under Section 21.08, Texas Penal Code (indecent exposure);
- ◆ Any offense under Section 21.11, Texas Penal Code (indecent with a child).
- ◆ Any offense under Section 21.12, Texas Penal Code (improper relationship between educator and student).
- ◆ Any offense under Section 21.15, Texas Penal Code (improper photography or visual recording);
- ◆ Any offense under Section 22.011, Texas Penal Code (sexual assault);
- ◆ Any offense under Section 22.02, Texas Penal Code (aggravated assault).
- ◆ Any offense under Section 22.021 Texas Penal Code (aggravated sexual assault);
- ◆ Any offense under Section 22.04, Texas Penal Code (injury to a child, elderly individual, or disabled individual).
- ◆ Any offense under Section 22.041, Texas Penal Code (abandoning or endangering a child).
- ◆ Any offense under Section 22.05, Texas Penal Code (deadly conduct);
- ◆ Any offense under Section 22.07, Texas Penal Code (terroristic threat);
- ◆ Any offense under Section 22.08, Texas Penal Code (aiding suicide);
- ◆ Any offense under Section 25.031, Texas Penal Code (agreement to abduct from custody).
- ◆ Any offense under Section 25.08, Texas Penal Code (sale or purchase of a child).
- ◆ Any offense under Section 28.02, Texas Penal Code (arson).
- ◆ Any offense under Section 29.02, Texas Penal Code (robbery).
- ◆ Any offense under Section 29.03, Texas Penal Code (aggravated robbery).
- ◆ Any offense under Section 33.021, Texas Penal Code (online solicitation of a minor);
- ◆ Any offense under Section 34.02, Texas Penal Code (money laundering);
- ◆ Any offense under Section 35A.02, Texas Penal Code (Medicaid fraud).
- ◆ Any offense under Section 36.06, Texas Penal Code (obstruction or retaliation) [effective September 1, 2011]
- ◆ Any offense under Section 42.09, Texas Penal Code (cruelty to livestock animals); or
- ◆ Any offense under Section 42.092, Texas Penal Code (cruelty to nonlivestock animals) [effective September 1, 2011]
- ◆ Any conviction under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing the elements that are substantially similar to the elements of an offense listed above.

I also hereby profess that I have not been convicted of any of the following crimes within the past 5 years (applicable only to those hired on or after September 1, 2007 *unless otherwise noted*).

- ◆ Any offense under Section 22.01, Texas Penal Code (assault) punishable as a Class A misdemeanor or as a felony) [applicable to those hired on or after September 1, 2003];
- ◆ Any offense under Section 30.02, Texas Penal Code (burglary)[applicable to those hired on or after September 1, 2003];
- ◆ Any offense under Section 31, Texas Penal Code (theft punishable as a felony) [applicable to those hired on or after September 1, 2003];
- ◆ Any offense under Section 32.45, Texas Penal Code (misapplication of fiduciary property or property of a financial institution punishable as Class A Misdemeanor or felony) [applicable to those hired on or after September 1, 2003];
- ◆ Any offense under Section 32.46, Texas Penal Code (securing execution of a document by deception punishable as a Class A Misdemeanor or felony) [applicable to those hired on or after September 1, 2003];
- ◆ Any offense under Section 37.12, Texas Penal Code (false identification as a peace officer); or
- ◆ Any offense under Section 42.01(a) (7), (8), or (9), Texas Penal Code (disorderly conduct).

I understand that if I have been placed on deferred adjudication community supervision for an offense listed above, successfully completed the period of deferred adjudication community supervision, and received a dismissal and discharge according to Section 5©, Article 42.12, Code of Criminal Procedure, I am not considered convicted of that offense.

I acknowledge that if I found to have been convicted of any other offense(s), that these offenses may also bar my employment.

I understand that all information obtained by this agency regarding any criminal history will remain confidential.

I certify that the information on this form contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge.

Signature: _____ Date: _____

DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)

I, _____, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____	NO _____ initial
Purpose of CCH: _____	
Hire _____	Not Hired _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	